## 1999 NATIONAL HIV PREVENTION CONFERENCE

## Abstract 319

**TITLE:** Sustaining Comprehensive School Health Program s

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**ISSUE:** Comprehensive School Health Programs (CSHP) that include effective HIV prevention education interventions need to be a sustained feature of school and community systems. HIV prevention education to children and adolescents need to be provided within a system and comprehensive approach to building students' readiness to learn. Public Education Network and five of its local education fund (LEFs) members have created a template to help local communities and schools build sustainable CSHPs.

**SETTING:** The template for institutionalizing and sustaining CSHP, including HIV prevention education, was developed through school health programs conducted by LEFs in five communities: Baton Rouge, LA; Charleston, WV; Lincoln, NE; Providence, RI; and Shelburne Falls, MA.

**PROJECT:** Public Education Network entered into a fiveyear cooperative agreement with Centers for Disease Control, Division of Adolescent and School Health (CDC/DASH) to establish, enhance and institutionalize highly effective comprehensive school healthrograms, including HIV prevention education, incommunities served by LEFs. Five LEFs worked with their school districts and other key community stakeholders (i.e., business leaders, civic organizations, parents, church groups, health and social service poviders) to strengthen and coordinate the eight components of comprehensive school health programs. These LEFs were able to leverage funding, establish advisory bodies, develop community action plans, and forge new relationships to ensure that current health and social services provided to young people become a permanent fixture of both the school district and the community and funders.

**RESULTS:** PEN and LEFs developed a template for institutionalization: a tool that other communities can use to assess the sustainability of their programs. The template looks at indicators of sustainability in four areas: culture, policy, relationships and resources. Also, evaluation, time and leadership play a crucial role to ensure that effective school health programs maintain strong support from the school, community and funders.

**LESSONS LEARNED:** 1) Quality of institutionalization process is determined to a great extent by the culture of the community in which the process occurs; 2) Policy needs to reflect priorities and needs to be aligned with tangible indicators such as funding, mandates and guidelines; 3) Relationship building is a crucial element in ensuring that the program is seen as community owned; 4) Resources are the inputs to which a community has access. The inputs which can be both financial and nonfinancial-drive the implementation and ultimately the institutionalization of the school health program; 5) A program needs at least three to four years of implementation in order for it to be institutionalized 6) No institutionalization process will be successful if the program is not fully evaluated; and 7) Leadership is the very bedrock on which the institutionalization effort rests.

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